

Case Number:	CM14-0040246		
Date Assigned:	06/25/2014	Date of Injury:	09/13/2010
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female who sustained an injury on 09/13/10 when she was struck by another employee pushing her to the ground. The injured worker developed complaints of neck and mid back pain as well as weakness in the bilateral hands and headaches. Prior treatment has included epidural steroid injections for the cervical spine and physical therapy with limited benefit. Medications had included analgesics such as Tramadol and anti-inflammatories, use of Glucosamine, and topical analgesics such as Terocin and Medrox patches. The injured worker did receive bilateral occipital nerve blocks in December of 2013. Due to the lack of benefit from conservative treatment, the injured worker was ultimately recommended for an anterior cervical discectomy and fusion at C5-6 and C6-7 on 12/27/13. The injured worker did undergo a right knee partial medial meniscectomy on 01/20/14. The injured worker was seen on 02/13/14 for continuing complaints of neck pain radiating to the middle of the mid back and into the head with associated headaches. The injured worker also described pain and weakness in the upper extremities. The injured worker indicated that without medications her pain was uncontrolled and with medications her pain scores were as low as 4/10 on the visual analogue scale (VAS). Physical examination was limited to vital signs. Medications at this visit did include Nucynta 75mg every 8 hours, Gabadone for insomnia, Percura for paresthesia, and Theramine for neuropathic pain. It is noted in the injured worker's record that there are multiple urinary drug screen findings that contained inconsistent results. The requested Gabadone, quantity 60, Percura, quantity 120, and Theramine, quantity 120 were all denied by utilization review on 03/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gabadone #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Gabadone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: In regards to the request for Gabadone, quantity 60, this medication would not be supported as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Gabadone is a medical food that is typically utilized to address a nutritional deficit. There is insufficient evidence in the clinical literature establishing the efficacy of Gabadone in the treatment of insomnia. It is unclear whether the injured worker has failed other 1st line treatments for insomnia as outlined by guidelines. Therefore, this reviewer would not have recommended this medication as medically necessary.

Percura #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Percura.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: In regards to Percura, quantity 120, this reviewer would not have recommended this medication as medically necessary. Percura is also a medical food that contains a proprietary blend of multiple components to address dietary management of metabolic processes. The use of medical foods in the treatment of chronic pain is not well-supported in the clinical literature. There are no identified nutritional deficits for this injured worker that would reasonably been addressed with this requested medical food. Therefore, this reviewer would not have recommended this medication as medically necessary.

Theramine #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Theramine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: The requested Theramine, quantity 120 would not have been recommended as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. It is noted that the proprietary components of Theramine are very similar to Percura. There is no pertinent rationale for utilizing two medical foods with similar components. Given the limited evidence in the clinical literature establishing the efficacy of medical foods in the treatment of ongoing chronic pain, this reviewer would not have recommended this request as medically necessary.